

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	HL		4-20-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SM	920	06/15/01
RESPONSE FORMALITY REVIEW			

JC-932

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
- (Through numeral)... Canceled A ..... Appeal  
+ ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
1	12/23/97	
2	3/15/98	
3	1/23/98	
4	01/02/98	
5	01/03/98	
6		
7		
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
12	✓	✓
13	✓	✓
14	✓	✓
15	✓	✓
16	✓	✓
17	✓	✓
18	N	
19	N	
20	✓	✓
21	✓	✓
22	✓	✓
23	✓	✓
24	N	
25	✓	✓
26	✓	✓
27		
28		
29		
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31	✓	✓
32	✓	✓
33	N	
34		
35	✓	✓
36	✓	✓
37	✓	✓
38	N	
39		
40		
41	N	
42	✓	✓
43		
44		
45		
46		
47		
48		
49	✓	✓
50	✓	✓

Claim	Date	
Final	Original	
51	1/23/97	
52	5/23/98	
53	02/03/98	
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75	✓	✓
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Claim	Date	
Final	Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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